



August 23rd, 2007

Ms. Grissel V. Diaz-Cotto
Emergency and Remedial Response Division
United States Environmental Protection Agency
Region II
290 Broadway, 19th Floor
New York, NY 10007-1866

Re: July 2007 Discharge Monitoring Report
Leachate Treatment Plant, Operable Unit 1
Kin-Buc Landfill Superfund Site

Dear Ms. Diaz-Cotto:

The July 2007 Discharge Monitoring Report (DMR) for the Leachate Treatment Plant of Operable Unit 1, Kin-Buc Landfill Superfund Site, prepared by Veolia Water North America is attached.

Should you have any questions concerning the DMR or other site items, please contact me at your earliest convenience at the Kin-Buc site.

Very truly yours,
Veolia Water North America
On behalf of SCA Services, Inc.,

A handwritten signature in black ink, appearing to read "Glenn Grieb", written over the typed name.

Glenn Grieb
Plant Manager

Enclosure

cc: Martha Goodwin – NJDEP
Stephen Joyce – SCA Holding
Carl Januszkiewicz – Waste Management
Richard Hoyt – Veolia Water North America

Veolia Water North America
Kinbuc Landfill
383 Meadow Road, Edison, NJ 08817
Tel. No. (732) 572-4743 / (732) 572-3871
Fax. No. (732) 572-6294
E-mail: glenn.grieb@veoliawaterna.com

562152



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.

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 *NJ Permit Equivalent

REPORTING PERIOD

M	o.	Y	r.
0	7	0	7

M	o.	Y	r.
0	7	0	7

PERMITTEE: Name: SCA Services, Inc.
 Address: 383 Meadow Road
 Edison, New Jersey 08817

FACILITY: Name: Kin-Buc Landfill
 Address: 383 Meadow Road
 Edison, New Jersey 08817
 Telephone: 732-572-4743

FORMS ATTACHED (Indicate Quantity of Each)

Operating Exceptions

SLUDGE REPORT-SANITARY

☐ T-VWX-007 ☐ T-VWX-008 ☐ T-VWX-009
☐ EPA Form 3320-1

DYE TESTING

YES NO

☐ ☒

TEMPORARY BYPASSING

☐ ☒

SLUDGE REPORT-INDUSTRIAL

☐ T-VWX-010A ☐ T-VWX-010B

DISINFECTION INTERRUPTION

☐ ☒

WASTEWATER REPORTS

☐ T-VWX-011 ☐ T-VWX-012 ☐ T-VWX-013

MONITORING MALFUNCTIONS

☐ ☒

GROUNDWATER REPORTS

☐ T-VWX-015(A,B) ☐ T-VWX-016 ☐ T-VWX-017
☐ ELECTRONIC SUBMISSION

UNITS OF OPERATION

☐ ☒

OTHER

☐ ☒

NPDES DISCHARGE MONITORING

☒ EPA Form 3320-1

(Detail any "Yes" on reverse side in appropriate space.)

NOTE: The "Hours Attended at Plant" on the reverse of this sheet must also be completed.

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

PRINCIPAL EXECUTIVE OFFICER OR
DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Glenn Grieb
 Grade & Registry No. N-4 0021212
 Signature *Glenn Grieb*

Name (Printed) Glenn Grieb
 Title (Printed) Plant Operations Manager
 Signature *Glenn Grieb*

PERMITTEE NAME/ADDRESS

NAME
ADDRESS

FACILITY
LOCATION

SCA SERVICES, INC.
383 MEADOW ROAD
EDISON, NEW JERSEY 08817

KIN-BUC LANDFILL
EDISON, NEW JERSEY
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	07	01	07	07	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.025733	0.030871	MGD	*****	*****	*****	***	***	continuous	flow meter
	PERMIT REQUIREMENT	REPORT	ONLY		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	***	6.55	*****	7.97	S.U.	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****		6.0	*****	8.0			weekly	grab
PETROLEUM HYDROCARBONS	SAMPLE MEASUREMENT	*****	*****	***	*****	<1.000	<1.000	mg/l	0	2/month	grab
	PERMIT REQUIREMENT	*****	*****		*****	10	15			2/month	grab
COD	SAMPLE MEASUREMENT	15.35	21.07	kg/day	*****	184	196	mg/l	0	2/month	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT	ONLY			2/month	comp.
BOD	SAMPLE MEASUREMENT	*****	*****	***	*****	<5.00	<5.00	mg/l	0	2/month	comp.
	PERMIT REQUIREMENT	*****	*****		*****	56	220			2/month	comp.
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.24	0.36	kg/day	*****	3.60	4.60	mg/l	0	1/week	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	30	45(1)			weekly	comp.
DISSOLVED OXYGEN	SAMPLE MEASUREMENT	*****	*****	***	6.0	*****	*****	mg/l	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****		4.0 MIN. instantaneous	*****	*****			weekly	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE		
Glenn Grieb Project Manager							732 572-4743		07 08 23		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR MO DAY		

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS

(REFERENCE ALL ATTACHMENTS HERE)

PERMITTEE NAME/ADDRESS

NAME

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FACILITY

LOCATION

ATTN:

**SCA SERVICES, INC.
383 MEADOW ROAD
EDISON, NEW JERSEY 08817**

**KIN-BUC LANDFILL
EDISON, NEW JERSEY
CARL JANUSZKIEWICZ**

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT**

NJ PERMIT EQUIVALENT			001		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	07	01	07	07	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BENZENE	SAMPLE MEASUREMENT	<0.0000164	<0.0000215	kg/day	*****	<0.20	<0.20	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.009	0.02		*****	57	134				
CHLOROBENZENE	SAMPLE MEASUREMENT	<0.0000164	<0.0000215	kg/day	*****	<0.20	<0.20	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380				
1,1 DICHLOROETHENE	SAMPLE MEASUREMENT	<0.0000248	<0.0000323	kg/day	*****	<0.30	<0.30	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.003	0.009		*****	22	59				
ETHYLBENZENE	SAMPLE MEASUREMENT	<0.0000328	<0.0000430	kg/day	*****	<0.40	<0.40	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380				
TETRACHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000328	<0.0000430	kg/day	*****	<0.40	<0.40	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.006	0.025		*****	62	164				
TOLUENE	SAMPLE MEASUREMENT	<0.0000248	<0.0000323	kg/day	*****	<0.30	<0.30	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.011		*****	28	74				
1,2-TRANSDICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000328	<0.0000430	kg/day	*****	<0.40	<0.40	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.009		*****		80				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<p>I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)</p>				TELEPHONE		DATE			
<p>Glenn Grieb Project Manager</p>						<p>732 572-4743</p>		<p>07 08 23</p>			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY	
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)									

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EDISON, NEW JERSEY
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001			
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TRICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000328	<0.0000430	kg/day	*****	<0.40	<0.40	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.010		*****	26	69			2/month	grab
VINYL CHLORIDE	SAMPLE MEASUREMENT	<0.0000167	<0.0000215	kg/day	*****	<0.20	<0.20	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	0.008	0.016		*****	52.8	108			weekly	grab
ACENAPHTHYLENE	SAMPLE MEASUREMENT	<0.0000082	<0.0000108	kg/day	*****	<0.1	<0.1	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(A)ANTHRACENE	SAMPLE MEASUREMENT	<0.0000084	<0.0000113	kg/day	*****	<0.13	<0.20	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(A)PYRENE	SAMPLE MEASUREMENT	<0.0000049	<0.0000065	kg/day	*****	<0.060	<0.060	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(ghi)PERYLENE	SAMPLE MEASUREMENT	<0.0000074	<0.0000097	kg/day	*****	<0.090	<0.090	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(k)FLUORANTHENE	SAMPLE MEASUREMENT	<0.0000074	<0.0000097	kg/day	*****	<0.090	<0.090	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
Glenn Grieb Project Manager								732 572-4743		07 08 23	
TYPED OR PRINTED						AREA CODE		NUMBER		YEAR MO DAY	
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE) <0.00017									

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
IDENO(1,2,3cd) PYRENE	SAMPLE MEASUREMENT	<0.0000086	<0.0000086	kg/day	*****	<0.080	<0.080	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
PHENANTHRENE	SAMPLE MEASUREMENT	<0.0000086	<0.0000086	kg/day	*****	<0.082	<0.088	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	5.4(2)			weekly	grab
ALDRIN	SAMPLE MEASUREMENT	<0.0000008	<0.0000011	kg/day	*****	<0.010	<0.010	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.000133	0.00026		*****	0.0875	0.176			monthly	grab
4,4-DDT	SAMPLE MEASUREMENT	<0.0000009	<0.0000011	kg/day	*****	<0.011	<0.013	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	0.0000578	0.000146		*****	0.38	0.765			weekly	grab
PCB-1242	SAMPLE MEASUREMENT	<0.0000250	<0.0000323	kg/day	*****	<0.30	<0.30	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
PCB-1248	SAMPLE MEASUREMENT	<0.0000250	<0.0000323	kg/day	*****	<0.30	<0.30	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
PCB-1254	SAMPLE MEASUREMENT	<0.0000250	<0.0000323	kg/day	*****	<0.30	<0.30	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 6 years)						TELEPHONE		DATE	
Glenn Grieb Project Manager								732	572-4743	07	08
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS

(REFERENCE ALL ATTACHMENTS HERE)

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NAME
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FACILITY
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KIN-BUC LANDFILL
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT PERMIT NUMBER			001 DISCHARGE NUMBER			
MONITORING PERIOD						
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PCB-1260	SAMPLE MEASUREMENT	<0.0000167	<0.0000215	kg/day	*****	<0.20	<0.20	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
ARSENIC	SAMPLE MEASUREMENT	0.0003280	0.0005176	kg/day	*****	3.80	8.00	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.013	0.028		*****	85.8	172			weekly	comp
CADMIUM	SAMPLE MEASUREMENT	0.0000333	0.0000430	kg/day	*****	0.4	0.4	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.0073	0.017		*****	48.2	132			weekly	comp
CHROMIUM	SAMPLE MEASUREMENT	0.0002621	0.0004302	kg/day	*****	3.16	4.00	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.030	0.060		*****	198	368			weekly	comp
COPPER	SAMPLE MEASUREMENT	0.0003831	0.0005694	kg/day	*****	4.4	8.4	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	16			weekly	comp
LEAD	SAMPLE MEASUREMENT	<0.0002248	<0.0002904	kg/day	*****	2.70	2.70	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	16			weekly	comp
NICKEL	SAMPLE MEASUREMENT	0.0026152	0.0035273	kg/day	*****	31.5	32.8	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.140	0.261		*****	524	1850			weekly	comp
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE		
Glenn Grieb Project Manager							732 572-4743		07 08 23		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)									

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC	SAMPLE MEASUREMENT	0.0007949	0.0018035	kg/day	*****	11.6	22.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.177	0.358		*****	1170	2350			weekly	comp
CYANIDE	SAMPLE MEASUREMENT	<0.0008330	<0.0010754	kg/day	*****	<10.0	<10.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.002	0.004		*****	13.2	26.4			weekly	comp
ALUMINUM	SAMPLE MEASUREMENT	0.0120865	0.0397699	kg/day	*****	142.3	461.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	1.40	2.81		*****	9240	18560			weekly	comp
IRON	SAMPLE MEASUREMENT	0.0045500	0.0081869	kg/day	*****	54.8	94.9	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	86.6	162		*****	552000	1070000			weekly	comp
ACUTE TOXICITY, (LC50)	SAMPLE MEASUREMENT	QUARTELY	REPORT	---	n/a	*****	*****	%	0		
	PERMIT REQUIREMENT	*****	*****		50(3)	*****	*****			see portal	equivalent
Ammonia	SAMPLE MEASUREMENT	*****	*****	---	*****	0.100	0.100	mg/l	0	*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	4.8	10.0			2/month	comp
	SAMPLE MEASUREMENT	*****	*****	---	*****	*****	*****	---	---	*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			*****	*****
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)				TELEPHONE		DATE			
Glenn Grieb Project Manager											
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				732 572-4743		07 08 23			
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)				AREA CODE NUMBER		YEAR MO DAY			